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Application Number	10/632,231
Filing Date	July 31, 2003
First Named Inventor	Donna Murray WALKER
Title	Methods and Apparatus for Stress Relief
Art Unit	1742
Examiner Name	Sikyin Ip
Attorney Docket Number	1001-001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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Practitioner(s) Name	Registration Number
Celia Joan Harrison	60,954

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<input checked="" type="checkbox"/> Firm or Individual Name	Celia Joan Harrison		
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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

## SIGNATURE of Applicant or Assignee of Record

Signature	<i>Donna M. Walker</i>	Date	2-11-10
Name	Donna M. Walker	Telephone	248-613-6089
Title and Company	President	Hitkansut, LLC	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and/or by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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*Stephanie Marx*